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Adult	LOC	Subset	DS	Category	2009 InterQual® Criteria Point	Alabama Medicaid Agency - Local Medical Policy
						Image findings that reveal cardiomegaly and fluid in or around the
				Clinical	Chest / Jaw / Arm / Shoulder pain / Silent ischemia, ≥ One: CHF on	heart/lung area, when patients present with SOB or dyspnea is indicative
Adult	Critical	C-CV	SI	Findings	imaging	of CHF.
				Clinical	Chest / Jaw / Arm / Shoulder pain / Silent ischemia, ≥ One: Unstable	Unstable angina does not have to be stated in the medical record to use
Adult	Critical	C-CV	SI	Findings	angina	criteria point IF the patient has chest pain and a hx of CAD.
				Clinical		Add: BNP ≥ 500 in the absence of chronic end stage heart failure, renal
Adult	Critical	C-CV	SI	Findings	Dyspnea (cardiac etiology), ≥ One:	failure, or Nesitiride therapy within the past 48 hours.
				Clinical	Dyspnea (cardiac etiology), ≥ One: Requiring IV medications titrated ≤	
Adult	Critical	C-CV	SI	Findings	q2h	Add: Titration is not required.
						You may approve 5 days due to discontinued Plavix, for patients requiring
						urgent CABG and are too unstable to be discharged. Stable patients may
Adult	Critical	C-CV	IS	≥ One IS	(Excludes PO medications unless noted)	be discharged home and return for elective CABG.
					IV medication administration, Both: Medications, ≥ One: Titration,	
Adult	Critical	C-CV	IS	<u>≥</u> One IS	One:	Add: Titration is not required.
					Mechanical ventilation / NIPPV, ≥ One : Respiratory interventions q1 -	CPAP for Obstructive Sleep Apnea does NOT apply to NIPPV in this
Adult	Critical	C-CV	IS	≥ One IS	2h	criteria point.
						Zofran, Kytril, and/or Anzemet are drugs that may be used to meet this
Adult	Critical	C-CV		≥ Three *IS	Antiemetics, One: Serotonin antagonists q24h	criteria point.
Adult	Critical	C-CV	*IS	≥ Three *IS	Anti-infectives	Add: Hemodialysis patients do not require daily anti-infectives.
Adult	Critical	C-CV	*IS	≥ Three *IS	Blood products / Volume expanders	Add: excludes KVO rate
						Mucomyst and/or Xopenex administered may be counted towards this
Adult	Critical	C-CV	*IS	≥ Three *IS	Bronchodilators ≥ 3x/24h	criterion.
						CPAP for Obstructive Sleep Apnea does NOT apply to NIPPV in this
Adult	Critical	C-CV	*IS	≥ Three *IS	Mechanical ventilation / NIPPV and respiratory interventions q3-4h	criteria point.
						Each L/min of oxygen via nasal cannula will increase the FiO2 by 4%.
Adult	Critical	C-CV		≥ Three *IS	Oxygen ≥ 40%	Therefore 5 L/min via nasal cannula is equal to 40%.
Adult	Critical	C-CV	*IS	≥ Three *IS		Add: Proton pump inhibitor.

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Adult	LOC	Subset	DS	Category	2009 InterQual® Criteria Point	Alabama Medicaid Agency - Local Medical Policy
				Clinical		Add: PEF values are not mandatory if one of the elements of severity is
Adult	Critical	C-MED	SI	Findings	Asthma / Wheezing, ≥ One: PEF < 40%, ≥ One:	present.
				Laboratory		
				Findings /		
		C-MED		Chemistry	BS > 400 mg/dL and ketonemia, ≥ One :	The presence of ketones in the urine will meet this criterion for BC/BS.
	Critical	C-MED		≥ One IS	Anti-infectives ≥ 3 drugs, ≤ 2d	Add: Hemodialysis patients do not require daily anti-infectives.
Adult	Critical	C-MED	IS	≥ One IS	IV medication administration, Both: Titration, One:	Add: Titration is not required.
						CPAP for Obstructive Sleep Apnea does NOT apply to NIPPV in this
Adult	Critical	C-MED	IS	≥ One IS	Mechanical ventilation / NIPPV, ≥ One:	criteria point.
						Zofran, Kytril, and/or Anzemet are drugs that may be used to meet this
Adult	Critical	C-MED	*IS	≥ Three *IS	Antiemetics, One: Serotonin antagonists q24h	criteria point.
Adult	Critical	C-MED	*IS	≥ Three *IS	Anti-infectives	Add: Hemodialysis patients do not require daily anti-infectives.
Adult	Critical	C-MED	*IS	≥ Three *IS	Blood products / Volume expanders	Add: excludes KVO rate
						Mucomyst and/or Xopenex administered may be counted towards this
Adult	Critical	C-MED	*IS	≥ Three *IS	Bronchodilators ≥ 3x/24h	criterion.
						CPAP for Obstructive Sleep Apnea does NOT apply to NIPPV in this
Adult	Critical	C-MED	*IS	≥ Three *IS	Mechanical ventilation / NIPPV and respiratory interventions q3-4h	criteria point.
						Each L/min of oxygen via nasal cannula will increase the FiO2 by 4%.
Adult	Critical	C-MED	*IS	≥ Three *IS	Oxygen ≥ 40 %	Therefore 5 L/min via nasal cannula is equal to 40%.
Adult	Critical	C-MED	*IS	≥ Three *IS		Add: Proton pump inhibitor.

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Adult	LOC	Subset	DS	Category	2009 InterQual® Criteria Point	Alabama Medicaid Agency - Local Medical Policy
Adult	Critical	C-SRG/TR	IS	≥ One IS	Anti-infectives ≥ 3 drugs, ≤ 2d	Add: Hemodialysis patients do not require daily anti-infectives.
Adult	Critical	C-SRG/TR	IS	≥ One IS	IV medication administration, Both: Titration, One:	Add: Titration is not required.
						CPAP for Obstructive Sleep Apnea does NOT apply to NIPPV in this
Adult	Critical	C-SRG/TR	IS	≥ One IS	Mechanical ventilation / NIPPV, ≥ One:	criteria point.
						Zofran, Kytril, and/or Anzemet are drugs that may be used to meet this
Adult	Critical	C-SRG/TR	*IS	≥ Three *IS	Antiemetics, One: Serotonin antagonists q24h	criteria point.
Adult	Critical	C-SRG/TR	*IS	≥ Three *IS	Anti-infectives	Add: Hemodialysis patients do not require daily anti-infectives.
Adult	Critical	C-SRG/TR	*IS	≥ Three *IS	Blood products / Volume expanders	Add: excludes KVO rate
						Mucomyst and/or Xopenex administered may be counted towards this
Adult	Critical	C-SRG/TR	*IS	≥ Three *IS	Bronchodilators ≥ 3x/24h	criterion.
						CPAP for Obstructive Sleep Apnea does NOT apply to NIPPV in this
Adult	Critical	C-SRG/TR	*IS	≥ Three *IS	Mechanical ventilation / NIPPV and respiratory interventions q3-4h	criteria point.
						Each L/min of oxygen via nasal cannula will increase the FiO2 by 4%.
Adult	Critical	C-SRG/TR	*IS	≥ Three *IS	Oxygen ≥ 40 %	Therefore 5 L/min via nasal cannula is equal to 40%.
Adult	Critical	C-SRG/TR	*IS	≥ Three *IS		Add: Proton pump inhibitor.

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Adult	LOC	Subset	DS	Category	2009 InterQual® Criteria Point	Alabama Medicaid Agency - Local Medical Policy
						Add: BNP ≥ 500 in the absence of chronic end stage heart failure, renal
				Clinical		failure, or Nesitiride therapy within the past 48 hours. Do not limit
Adult	Intermed	IC-CV	SI	Findings	Dyspnea and hemodynamic stability, ≥ One :	application of this criteria point due to systolic BP.
			1	Clinical		
Adult	Intermed	IC-CV	SI	Findings	Dyspnea <i>and</i> hemodynamic stability, ≥ One:	Do not limit application of this criteria point due to systolic BP.
Addit	intermed	10-0 V	01	Clinical	byspried and hemodynamic stability, = one:	Add: Hemodynamic stability is not required to assess the necessity of
Adult	Intermed	IC-CV	SI	Findings	Dyspnea and hemodynamic stability, ≥ One:	inpatient treatment, but is required to assess the necessity of
Adult	memea	10-07	OI.			inpatient treatment, but is required to assess discharge indicators.
		10.01/	0.	Clinical	Dyspnea and hemodynamic stability, ≥ One: Requiring, ≥ One: IV	
Adult	Intermed	IC-CV	SI	Findings	medications titrated at least q3-4h	Add: IV medications do not require titration.
						You may approve 5 days due to discontinued Plavix, for patients requiring
				Clinical		urgent CABG and are too unstable to be discharged. Stable patients may
Adult	Intermed	IC-CV	SI	Findings		be discharged home and return for elective CABG.
						Patients presenting with A fib/flutter or a pacer with underlying rhythm of
						A fib/flutter (e.g., paroxysmal atrial fib) who have failed outpatient
						management meet this criterion regardless of pulse rate. Check either of
						the criteria below and document in the clinical reviewer comment box -
Adult	Intermed	IC-CV	SI	ECG Findings	A fib / flutter and heart rate ≤ 120 /min, ≥ One :	Failed OP management including clinical description.
/ tauit	intermed	10 0 0	-	LOO I mango	Transfination and Healtrate = 129/mm, = One.	You may approve 5 days due to discontinued Plavix, for patients requiring
						urgent CABG and are too unstable to be discharged. Stable patients may
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Adult	Intermed	IC-CV	IS	≥ One IS	(Excludes PO medications unless noted)	be discharged home and return for elective CABG.
						This criterion may be used for the 2nd 24 hours of a stay when a patient
						meets the Critical Cardiac care criteria for Acute MI RO less than or equal
						to 24hrs on the first day, ONLY when the MI has not been ruled out at the
						end of the 1st 24 hrs. This should only be used when results are
Adult	Intermed	IC-CV	IS	≥ One IS	Acute MI R/O ≤ 24h	equivocal and require further investigation in order to rule out the MI.
						Patients with A-fib and RVR (HR ≥ 120 bpm) upon admission are
Adult	Intermed	IC-CV	IS	≥ One IS	Anticoagulants ≤ 2d and high risk patient	considered high risk.
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						IV Cardizem and Amiodarone may not require frequent titration.
						Therefore, for patients meeting SI in I-CV, this criteria may be used for
						the initial management of arrythmias with IV Cardizem or Amiodorone for
						a maximum of 24 hours. This criteria may also be used for a subsequent
						management of arrhythmias with IV Cardizem or Amiodorone for a
						maximum of 24 hrs for those patients receiving their initial 24h IV
						arrhythmia management in C-CV. Check applicable titration criteria point
Adult	Intermed	IC-CV	IS	≥ One IS	IV medication administration, Both: Titration, One:	and document in the clinical reviewer comment box.
					Mechanical ventilation / NIPPV, ≥ One: Respiratory interventions q3-	CPAP for Obstructive Sleep Apnea does NOT apply to NIPPV in this
Adult	Intermed	IC-CV	IS	≥ One IS	4h	criteria point.
						Add: Any medication that requires at least PO administration may be
Adult	Intermed	IC-CV	IS	≥ One IS	Medication (PO) initiation ≤ 3d, ≥ One:	given IV or via a more intensive route.
						Each L/min of oxygen via nasal cannula will increase the FiO2 by 4%.
Adult	Intermed	IC-CV	IS	≥ One IS	Oxygen ≥ 40 % ≤ 2d	Therefore 5 L/min via nasal cannula is equal to 40%.
	50		+		7.70	Zofran, Kytril, and/or Anzemet are drugs that may be used to meet this
Adult	Intermed	IC-CV	*19	≥ Three *IS	Antiemetics, One : Serotonin antagonists q24h	criteria point.
Audit	Intentied	10-0 v	iS	- 111166 13	Antiemetics, One. Serotonin antagonists 4241	ontena ponti.

Adult	Intermed	IC-CV	*IS	≥ Three *IS	Anti-infectives	Add: Hemodialysis patients do not require daily anti-infectives.
Adult	Intermed	IC-CV	*IS	≥ Three *IS	Blood products / Volume expanders	Add: excludes KVO rate
						Mucomyst and/or Xopenex administered may be counted towards this
Adult	Intermed	IC-CV	*IS	≥ Three *IS	Bronchodilators ≥ 3x/24h	criterion.
						CPAP for Obstructive Sleep Apnea does NOT apply to NIPPV in this
Adult	Intermed	IC-CV	*IS	≥ Three *IS	Mechanical ventilation / NIPPV and respiratory interventions 3-4x/24h	criteria point.
						Each L/min of oxygen via nasal cannula will increase the FiO2 by 4%.
Adult	Intermed	IC-CV	*IS	≥ Three *IS	Oxygen ≥ 28% <i>and</i> oximetry / ABG	Therefore 5 L/min via nasal cannula is equal to 40%.
Adult	Intermed	IC-CV	*IS	≥ Three *IS		Add: Proton pump inhibitor.

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Adult	LOC	Subset	DS	Category	2009 InterQual® Criteria Point	Alabama Medicaid Agency - Local Medical Policy
				Clinical		
Adult	Intermed	IC-M/S	SI	Findings	Dyspnea and hemodynamic stability, ≥ One:	Do not limit application of this criteria point due to systolic BP.
						This criteria point may only be used when a severe systemic infection is
				Clinical		suspected. It is not to be used with localized infections such as cellulitis
Adult	Intermed	IC-M/S	SI	Findings	Sepsis syndrome / SIRS, ≥ Two:	or urinary tract infections.
Adult	Intermed	IC-M/S	IS	≥ One IS	Anti-infectives ≥ 2 drugs, ≤ 2d	Add: Hemodialysis patients do not require daily anti-infectives.
Adult	Intermed	IC-M/S	IS	≥ One IS	IV medication administration, Both: Titration, One:	Add: Titration is not required.
					Mechanical ventilation / NIPPV, ≥ One: Respiratory interventions ≤ q3-	CPAP for Obstructive Sleep Apnea does NOT apply to NIPPV in this
Adult	Intermed	IC-M/S	IS	≥ One IS		criteria point.
						Each L/min of oxygen via nasal cannula will increase the FiO2 by 4%.
Adult	Intermed	IC-M/S	IS	≥ One IS	Oxygen ≥ 40 % ≤ 2d	Therefore 5 L/min via nasal cannula is equal to 40%.
Adult	Intermed	IC-M/S	IS	≥ One IS	Volume expanders <i>and</i> systolic BP < 100	Add: excludes KVO rate
						Zofran, Kytril, and/or Anzemet are drugs that may be used to meet this
Adult	Intermed	IC-M/S			Antiemetics, One: Serotonin antagonists q24h	criteria point.
Adult	Intermed	IC-M/S	*IS	≥ Three *IS	Anti-infectives	Add: Hemodialysis patients do not require daily anti-infectives.
Adult	Intermed	IC-M/S	*IS	≥ Three *IS	Blood products / Volume expanders	Add: excludes KVO rate
						Mucomyst and Xopenex administered may be counted towards this
Adult	Intermed	IC-M/S	*IS	≥ Three *IS	Bronchodilators ≥ 3x/24h	criterion.
						CPAP for Obstructive Sleep Apnea does NOT apply to NIPPV in this
Adult	Intermed	IC-M/S	*IS	≥ Three *IS	Mechanical ventilation / NIPPV <i>and</i> respiratory interventions 3-4x/24h	criteria point.
						Each L/min of oxygen via nasal cannula will increase the FiO2 by 4%.
Adult	Intermed	IC-M/S	*IS	≥ Three *IS	Oxygen ≥ 28% and oximetry / ABG	Therefore 5 L/min via nasal cannula is equal to 40%.
Adult	Intermed	IC-M/S	*IS	≥ Three *IS		Add: Proton pump inhibitor.

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Adult	LOC	Subset	DS	Category	2009 InterQual® Criteria Point	Alabama Medicaid Agency - Local Medical Policy
						Add: BNP ≥ 500 in the absence of chronic end stage heart failure, renal
				Clinical		failure, or Nesitiride therapy within the past 48 hours. Six month
Adult	Acute	CV/PV	SI	Findings	Dyspnea and hemodynamic stability, ≥ One :	review****
				Imaging		
Adult	Acute	CV/PV	SI	Findings	Peripheral artery occlusion	Central artery occlusions (except CNS) also meet this criteria point.
						Image findings that reveal cardiomegaly and fluid in or around the
				Imaging		heart/lung area, when patients present with SOB or dyspnea is indicative
Adult	Acute	CV/PV	SI	Findings	Pulmonary edema / Heart failure / CHF	of CHF.
						Add: BNP ≥ 500 in the absence of chronic end stage heart failure, renal
				Laboratory		failure, or Nesitiride therapy within the past 48 hours. ***** Six month
Adult	Acute	CV/PV	SI	Findings		review.****
						If a telemetry patient previously met criteria in a higher level of care and
						presented with one of these subcriterion, the day the patient drops to
						acute level of care you can apply cardiac monitoring less than or equal to
Adult	Acute	CV/PV	IS	≥ One IS	Cardiac monitoring, continuous (excludes Holter) ≤ 2d, ≥ One:	2 days.
					3,	Add: Cardizem, Nitriglycerine, and other drips. ***** Review again six
Adult	Acute	CV/PV	IS	≥ One IS	Dopamine / Dobutamine / Milrinone / Amrinone, One:	months*****
7 10 0.11	710010	0.7.	1	- 0	Dopamine / Dobutamine / Milrinone / Amrinone, One: Continuous	
Adult	Acute	CV/PV	ıs	≥ One IS	infusion requiring infrequent titration	
Adult	Acute	CV/PV	IS	≥ One IS	DVT treatment, One :	Add: Approve for arterial thrombus with Heparin, Lovenox or Fragmin.
/ tauit	riouto	0 1/1 1	10	2 0110 10	BVI treatment, one.	Arixtra may be used as LMWH ≤ 3d; Argatroban may be used as
Adult	Acute	CV/PV	ıs	≥ One IS	DVT treatment, One: LMWH ≤ 3d , Unfractionated heparin ≤ 5d	unfractionated heparin ≤ 5d.
/ tauit	riouto	0 7/1 7	10	2 0110 10	DVT treatment, One: ENVVT1 = 50, Office tropaint = 50	Add: Active diarrhea; NPO is considered applicable when it is an active
						treatment / therapy within the patient's plan of care. This point cannot be
Adult	Acute	CV/PV	IS	≥ One IS	IV fluids, Both : Findings, ≥ One: NPO ≤ 2d / Active vomiting	applied when the patient is NPO for testing or procedures.
Addit	Acute	CV/FV	10	2 Offic 13	IV fluids, Both : Rate, One: ≥ 100 mL/h and age ≥ 65 / renal failure /	Change: IV fluid rate ≥ 75 mL/h if patient requires cautious rehydration
Adult	Acute	CV/PV	IS	≥ One IS	Hx CHF	due to comorbidity.
	Acute	CV/PV		≥ One IS	IV fluids, Both : Rate, One: ≥ 125 <i>mL</i> / h	Change: IV fluid rate ≥ 100 mL/h.
Addit	Acute	CV/F V	10	2 Offe 13	IV lidids, Both. Nate, One. 2 123 IIIL/II	CPAP for Obstructive Sleep Apnea does NOT apply to NIPPV in this
Adult	Acute	CV/PV	IS	≥ One IS	Mechanical ventilation / NIPPV. ≥ One:	criteria point.
Addit	Acute	CV/FV	10	2 One is	iviechanical ventilation / NIFFV, 2 One.	Each L/min of oxygen via nasal cannula will increase the FiO2 by 4%.
Adult	Acute	CV/PV	IS	≥ One IS	Oxygen ≥ 40 % ≤ 2d	Therefore 5 L/min via nasal cannula is equal to 40%.
Adult	Acute	CV/PV	10	2 One is	Oxygen ≥ 40 % ≤ 20	Add: Any medication that requires at least PO administration may be
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Adult	Acute	CV/PV	15	≥ One IS	PO medication adjustment ≤ 2d, ≥ Two:	given IV or via a more intensive route.
		O) ((D) (Zofran, Kytril, and/or Anzemet are drugs that may be used to meet this
Adult	Acute	CV/PV		≥ Three *IS	Antiemetics, One: Serotonin antagonists q24h	criteria point.
Adult	Acute	CV/PV		≥ Three *IS	Anti-infectives	Add: Hemodialysis patients do not require daily anti-infectives.
Adult	Acute	CV/PV	*IS	≥ Three *IS	Blood products / Volume expanders	Add: excludes KVO rate
l	l	0) ((5) (Mucomyst and/or Xopenex administered may be counted towards this
Adult	Acute	CV/PV		≥ Three *IS	Bronchodilators ≥ 3x/24h	criterion.
Adult	Acute	CV/PV	*IS	≥ Three *IS	Corticosteroids ≥ 3x/24h	Change: Corticosteroids-short acting ≥2x/24h, long acting ≥1x/24h
						Dialysis for chronic renal failure or insufficiency is routinely an outpatient
				1		service. However, for renal dialysis patients admitted with co-morbid
l			1	l		diagnoses, you may apply the dialysis criterion *IS daily when actually
Adult	Acute	CV/PV	*IS	≥ Three *IS	Dialysis / Ultrafiltration	performed 3 or more times per week.

						CPAP for Obstructive Sleep Apnea does NOT apply to NIPPV in this
Adult	Acute	CV/PV	*IS	≥ Three *IS	Mechanical ventilation / NIPPV and respiratory interventions 1-2x/24h	criteria point.
						Administration of 2L nasal cannula is sufficient to meet this criterion for
						oxygen requirement of 28 percent. Note the other requirement is
						oximetry, a minimal daily oximetry testing is required. Each L/min of
						oxygen via nasal cannula will increase the FiO2 by 4%. Therefore 5 L/min
Adult	Acute	CV/PV	*IS	≥ Three *IS	Oxygen ≥ 28% and oximetry / ABG	via nasal cannula is equal to 40%.
Adult	Acute	CV/PV	*IS	≥ Three *IS	Surgical debridement / Wound I&D	Wound I&D is referring to a bedside procedure.
				Home / OP,	Clinical stability, ≥ One : Lab values <i>w/in</i> acceptable ranges, ≥ One :	You may apply consecutive grace days for Na less than or equal to 120
Adult	Acute	CV/PV	DS	both:	Na 125-150 <i>mEq/L</i>	until the Na is above 120. Then you must refer to PCR.

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Adult	LOC	Subset	DS	Category	2009 InterQual® Criteria Point	Alabama Medicaid Agency - Local Medical Policy
					Anticoagulants <i>and</i> embolic stroke, one: LMWH ≤ 3d , Unfractionated	Arixtra may be used as LMWH ≤ 3d; Argatroban may be used as
Adult	Acute	CNS/MS		≥ One IS	heparin ≤ 5d	unfractionated heparin ≤ 5d.
Adult	Acute	CNS/MS	_	≥ One IS	Anticonvulsants and active seizures	Change: Active seizures not required.
Adult	Acute	CNS/MS	IS	≥ One IS	Continuous EEG ≤ 2d	This criterion may be applied for a total of three days rather than two.
						Add: Active diarrhea; NPO is considered applicable when it is an active
						treatment / therapy within the patient's plan of care. This point cannot be
Adult	Acute	CNS/MS	IS	≥ One IS	IV fluids, Both : Findings, ≥ One: NPO ≤ 2d / Active vomiting	applied when the patient is NPO for testing or procedures.
					IV fluids, Both : Rate, One: ≥ 100 <i>mL</i> / h <i>and</i> age ≥ 65 / renal failure /	Change: IV fluid rate ≥ 75 mL/h if patient requires cautious rehydration
Adult	Acute	CNS/MS	IS	≥ One IS	Hx CHF	due to comorbidity.
Adult	Acute	CNS/MS	IS	≥ One IS	IV fluids, Both : Rate, One : ≥ 125 <i>m</i> L/ h	Change: IV fluid rate ≥ 100 mL/h.
					Mechanical ventilation / NIPPV, One: Respiratory interventions 3-	CPAP for Obstructive Sleep Apnea does NOT apply to NIPPV in this
Adult	Acute	CNS/MS	IS	≥ One IS	4x/24h, ≤ 3d	criteria point.
						Zofran, Kytril, and/or Anzemet are drugs that may be used to meet this
Adult	Acute	CNS/MS		≥ Three *IS	Antiemetics, One: Serotonin antagonists q24h	criteria point.
Adult	Acute	CNS/MS	*IS	≥ Three *IS	Anti-infectives	Add: Hemodialysis patients do not require daily anti-infectives.
Adult	Acute	CNS/MS	*IS	≥ Three *IS	Blood products / Volume expanders	Add: excludes KVO rate
						Mucomyst and/or Xopenex administered may be counted towards this
Adult	Acute	CNS/MS		≥ Three *IS	Bronchodilators ≥ 3x/24h	criterion.
Adult	Acute	CNS/MS	*IS	≥ Three *IS	Corticosteroids ≥ 3x/24h	Change: Corticosteroids-short acting ≥2x/24h, long acting ≥1x/24h
						Dialysis for chronic renal failure or insufficiency is routinely an outpatient
						service. However, for renal dialysis patients admitted with co-morbid
						diagnoses, you may apply the dialysis criterion *IS daily when actually
Adult	Acute	CNS/MS	*IS	≥ Three *IS	Dialysis / Ultrafiltration	performed 3 or more times per week.
						CPAP for Obstructive Sleep Apnea does NOT apply to NIPPV in this
Adult	Acute	CNS/MS	*IS	≥ Three *IS	Mechanical ventilation / NIPPV and respiratory interventions 1-2x/24h	criteria point.
						Administration of 2L nasal cannula is sufficient to meet this criterion for
						oxygen requirement of 28 percent. Note the other requirement is
						oximetry, a minimal daily oximetry testing is required. Each L/min of
						oxygen via nasal cannula will increase the FiO2 by 4%. Therefore 5 L/min
Adult	Acute	CNS/MS		≥ Three *IS	Oxygen ≥ 28% and oximetry / ABG	via nasal cannula is equal to 40%.
Adult	Acute	CNS/MS	*IS	≥ Three *IS	Surgical debridement / Wound I&D	Wound I&D is referring to a bedside procedure.
Adult	Acute	CNS/MS	*IS	≥ Three *IS		Add: Proton pump inhibitor.

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Adult	LOC	Subset	DS	Category	2009 InterQual® Criteria Point	Alabama Medicaid Agency - Local Medical Policy
				Laboratory		
				Findings /		
Adult	Acute	END	SI	Chemistry	BS > 250 <i>mg/dL</i> , Both :	Change: Only one complication criteria point required.
						Add: Active Diarrhea; NPO is considered applicable when it is an active
						treatment / therapy within the patient's plan of care. This point cannot be
Adult	Acute	END	IS	≥ One IS	IV fluids, Both : Findings, ≥ One: NPO ≤ 2d / Active vomiting	applied when the patient is NPO for testing or procedures.
						Change: IV fluid rate ≥ 75 mL/h if patient requires cautious rehydration
Adult	Acute			≥ One IS	Hx CHF	due to comorbidity.
Adult	Acute	END	IS	≥ One IS	IV fluids, Both : Rate, One : ≥ 125 <i>mL</i> / h	Change: IV fluid rate ≥ 100 mL/h.
						Zofran, Kytril, and/or Anzemet are drugs that may be used to meet this
	Acute	END		≥ Three *IS	Antiemetics, One: Serotonin antagonists q24h	criteria point.
		END		≥ Three *IS	Anti-infectives	Add: Hemodialysis patients do not require daily anti-infectives.
Adult	Acute	END	*IS	≥ Three *IS	Blood products / Volume expanders	Add: excludes KVO rate
						Mucomyst and/or Xopenex administered may be counted towards this
Adult	Acute	END	_	≥ Three *IS	Bronchodilators ≥ 3x/24h	criterion.
Adult	Acute	END	*IS	≥ Three *IS	Corticosteroids ≥ 3x/24h	Change: Corticosteroids-short acting ≥2x/24h, long acting ≥1x/24h
						Dialysis for chronic renal failure or insufficiency is routinely an outpatient
						service. However, for renal dialysis patients admitted with co-morbid
						diagnoses, you may apply the dialysis criterion *IS daily when actually
Adult	Acute	END	*IS	≥ Three *IS	Dialysis / Ultrafiltration	performed 3 or more times per week.
						CPAP for Obstructive Sleep Apnea does NOT apply to NIPPV in this
Adult	Acute	END	*IS	≥ Three *IS	Mechanical ventilation / NIPPV <i>and</i> respiratory interventions 1-2x/24h	
						Administration of 2L nasal cannula is sufficient to meet this criterion for
						oxygen requirement of 28 percent. Note the other requirement is
						oximetry, a minimal daily oximetry testing is required. Each L/min of
						oxygen via nasal cannula will increase the FiO2 by 4%. Therefore 5 L/min
		END		≥ Three *IS	Oxygen ≥ 28% and oximetry / ABG	via nasal cannula is equal to 40%.
	Acute	END		≥ Three *IS	Surgical debridement / Wound I&D	Wound I&D is referring to a bedside procedure.
Adult	Acute	END	*IS	≥ Three *IS		Add: Proton pump inhibitor.
	1.			Home / OP,	Clinical stability, ≥ One: Lab values <i>w/in</i> acceptable ranges, ≥ One:	You may apply consecutive grace days for Na less than or equal to 120
Adult	Acute	END	DS	both:	Na 125-150 <i>mEq/L</i>	until the Na is above 120. Then you must refer to PCR.

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Adult		Subset	DS	Category	2009 InterQual® Criteria Point	Alabama Medicaid Agency - Local Medical Policy
Adult	Acute	ENT		≥ One IS	Anti-infective(s), ≥ One:	Add: Hemodialysis patients do not require daily anti-infectives.
Adult	Acute	ENT	IS	≥ One IS	Anti-infective(s), ≥ One: ANC < 500/cu.mm	Change: ANC ≤ 1500/cu.mm.
						Zofran, Kytril, and/or Anzemet are drugs that may be used to meet this
	Acute	ENT			, , , , , , , , , , , , , , , , , , , ,	criteria point.
Adult	Acute	ENT	*IS		Anti-infectives	Add: Hemodialysis patients do not require daily anti-infectives.
Adult	Acute	ENT	*IS	≥ Three *IS	Blood products / Volume expanders	Add: excludes KVO rate.
						Mucomyst and/or Xopenex administered may be counted towards this
Adult	Acute	ENT	*IS	≥ Three *IS	Bronchodilators ≥ 3x/24h	criterion.
Adult	Acute	ENT	*IS	≥ Three *IS		Change: Corticosteroids-short acting ≥2x/24h, long acting ≥1x/24h
						Dialysis for chronic renal failure or insufficiency is routinely an outpatient
						service. However, for renal dialysis patients admitted with co-morbid
						diagnoses, you may apply the dialysis criterion *IS daily when actually
Adult	Acute	ENT	*IS	≥ Three *IS	Dialysis / Ultrafiltration	performed 3 or more times per week.
						CPAP for Obstructive Sleep Apnea does NOT apply to NIPPV in this
Adult	Acute	ENT	*IS	≥ Three *IS	Mechanical ventilation / NIPPV and respiratory interventions 1-2x/24h	criteria point.
						Administration of 2L nasal cannula is sufficient to meet this criterion for
						oxygen requirement of 28 percent. Note the other requirement is
						oximetry, a minimal daily oximetry testing is required. Each L/min of
						oxygen via nasal cannula will increase the FiO2 by 4%. Therefore 5 L/min
Adult	Acute	ENT	*IS	≥ Three *IS	Oxygen ≥ 28% <i>and</i> oximetry / ABG	via nasal cannula is equal to 40%.
Adult	Acute	ENT	*IS	≥ Three *IS	Surgical debridement / Wound I&D	Wound I&D is referring to a bedside procedure.
Adult	Acute	ENT	*IS	≥ Three *IS		Add: Proton pump inhibitor.

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Adult	LOC	Subset	DS	Category	2009 InterQual® Criteria Point	Alabama Medicaid Agency - Local Medical Policy
	١		٥.	Clinical		Add: Pt. with an established history of pancreatitis, Amylase / Lipase ≥
Adult	Acute	GI	SI	Findings	Pancreatitis, ≥ Two: Amylase / Lipase ≥ 3x ULN	2xULN
	١		٥.	Clinical	T 400 100 DD 4 4 4 4 5 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6	01 4110 4 4500
Adult	Acute	GI	SI	Findings	T > 100.4°F PR and ANC < 500/cu.mm	Change: ANC ≤ 1500/cu.mm.
				Laboratory		Change: Elevated NH ₃ with mental status change (disregard > 120 ug/dL
Adult	Acute	GI	SI	Findings	$NH_3 > 120 \ ug/dL \ge 2x \ ULN \ with \ mental status change$	and ≥ 2x ULN).
						Add active diarrhea. BC/BS will recognize patients with IVF ≥ 125 mL/h
						and having active diarrhea > 3 loose stools/24hrs as meeting this criteria
						pointAND NPO is considered applicable when it is an active
						treatment / therapy within the patient's plan of care. This point cannot be
Adult	Acute	GI	IS	≥ One IS	IV fluids, Both : Findings, ≥ One: NPO ≤ 2d / Active vomiting	applied when the patient is NPO for testing or procedures.
						Change: IV fluid rate ≥ 75 mL/h if patient requires cautious rehydration
	Acute	GI		≥ One IS	Hx CHF	due to comorbidity.
Adult	Acute	GI	IS	≥ One IS	IV fluids, Both : Rate, One: ≥ 125 <i>mL</i> /h	Change: IV fluid rate ≥ 100 mL/h.
						Change: Elevated NH ₃ with mental status change (disregard > 120 ug/dL
Adult	Acute	GI	IS	≥ One IS	Lactulose PO / PR, One: NH ₃ > 120 ug/dL / ≥ 2x ULN	and ≥ 2x ULN).
Adult	Acute	GI	IS	≥ One IS	Volume expanders and systolic BP < 100	Add: excludes KVO rate.
					·	Zofran, Kytril, and/or Anzemet are drugs that may be used to meet this
Adult	Acute	GI	*IS	≥ Three *IS	Antiemetics, One: Serotonin antagonists q24h	criteria point.
Adult	Acute	GI	*IS	≥ Three *IS	Anti-infectives	Add: Hemodialysis patients do not require daily anti-infectives.
Adult	Acute	GI	*IS	≥ Three *IS	Blood products / Volume expanders	Add: excludes KVO rate.
						Mucomyst and/or Xopenex administered may be counted towards this
Adult	Acute	GI	*IS	≥ Three *IS	Bronchodilators ≥ 3x/24h	criterion.
Adult	Acute	GI	*IS	≥ Three *IS	Corticosteroids ≥ 3x/24h	Change: Corticosteroids-short acting ≥2x/24h, long acting ≥1x/24h
						CPAP for Obstructive Sleep Apnea does NOT apply to NIPPV in this
Adult	Acute	GI	*IS	≥ Three *IS	Mechanical ventilation / NIPPV and respiratory interventions 1-2x/24h	
						Administration of 2L nasal cannula is sufficient to meet this criterion for
						oxygen requirement of 28 percent. Note the other requirement is
						oximetry, a minimal daily oximetry testing is required. Each L/min of
						oxygen via nasal cannula will increase the FiO2 by 4%. Therefore 5 L/min
	Acute	GI		≥ Three *IS	Oxygen ≥ 28% and oximetry / ABG	via nasal cannula is equal to 40%.
	Acute	GI		≥ Three *IS	Surgical debridement / Wound I&D	Wound I&D is referring to a bedside procedure.
Adult	Acute	GI	*IS	≥ Three *IS		Add: Proton pump inhibitor.
				Home / OP,	Clinical stability, ≥ One: Lab values <i>w/in</i> acceptable ranges, ≥ One:	You may apply consecutive grace days for Na less than or equal to 120
Adult	Acute	GI	DS	both:	Na 125-150 <i>mEq/L</i>	until the Na is above 120. Then you must refer to PCR.

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Adult	LOC	Subset	DS	Category	2009 InterQual® Criteria Point	Alabama Medicaid Agency - Local Medical Policy	
				Clinical	Chemotherapy related complications, ≥ One: T > 100.4°F PR and		
Adult	Acute	HEM/ONC	SI	Findings	ANC < 500 / <i>cu.mm</i>	Change: ANC ≤ 1500/cu.mm.	
						Change: ANC ≤ 1500/cu.mm. Add: Hemodialysis patients do not	
Adult	Acute	HEM/ONC	IS	≥ One IS	Anti-infectives with ANC < 500/cu.mm	require daily anti-infectives.	
Adult	Acute	HEM/ONC	IS	≥ One IS	Blood products, ≥ One: Platelets < 20,000/cu.mm	Change: Platelets < 30,000/cu.mm.	
						Medicaid will extend the preop period to 8 days for patients receiving	
						Busulfan in conjunction with any of the following: Cyclophosphamide,	
						Etoposide, or Etopophos. Eleven (11) days may be applied for patients	
Adult	Acute	HEM/ONC	IS	≥ One IS	BMT / SCT, ≥ One: Pre procedure ≤ 7d	receiving Busulfan with Fludarabine.	
Adult	Acute	HEM/ONC	IS	≥ One IS	IV fluids, Both : Findings, ≥ One: NPO ≤ 2d / Active vomiting	Add: Active diarrhea.	
					IV fluids, Both : Rate, One: ≥ 100 <i>mL</i> / h <i>and</i> age ≥ 65 / renal failure /	Change: IV fluid rate ≥ 75 mL/h if patient requires cautious rehydration	
Adult	Acute	HEM/ONC	IS	≥ One IS	Hx CHF	due to comorbidity.	
Adult	Acute	HEM/ONC	IS	≥ One IS	IV fluids, Both : Rate, One: ≥ 125 <i>mL</i> / h	Change: IV fluid rate ≥ 100 mL/h.	
Adult	Acute	HEM/ONC	IS	≥ One IS			
						Zofran, Kytril, and/or Anzemet are drugs that may be used to meet this	
Adult	Acute	HEM/ONC	*IS	≥ Three *IS	Antiemetics, One: Serotonin antagonists q24h	criteria point.	
Adult		HEM/ONC	*IS	≥ Three *IS	Anti-infectives	Add: Hemodialysis patients do not require daily anti-infectives.	
Adult	Acute	HEM/ONC	*IS	≥ Three *IS	Blood products / Volume expanders	Add: excludes KVO rate	
						Mucomyst and/or Xopenex administered may be counted towards this	
		HEM/ONC		≥ Three *IS	Bronchodilators ≥ 3x/24h	criterion.	
Adult	Acute	HEM/ONC	*IS	≥ Three *IS	Corticosteroids ≥ 3x/24h	Change: Corticosteroids-short acting ≥2x/24h, long acting ≥1x/24h	
						Dialysis for chronic renal failure or insufficiency is routinely an outpatient	
						service. However, for renal dialysis patients admitted with co-morbid	
						diagnoses, you may apply the dialysis criterion *IS daily when actually	
Adult	Acute	HEM/ONC	*IS	≥ Three *IS	Dialysis / Ultrafiltration	performed 3 or more times per week.	
						CPAP for Obstructive Sleep Apnea does NOT apply to NIPPV in this	
Adult	Acute	HEM/ONC	*IS	≥ Three *IS	Mechanical ventilation / NIPPV <i>and</i> respiratory interventions 1-2x/24h		
						Administration of 2L nasal cannula is sufficient to meet this criterion for	
						oxygen requirement of 28 percent. Note the other requirement is	
						oximetry, a minimal daily oximetry testing is required. Each L/min of	
						oxygen via nasal cannula will increase the FiO2 by 4%. Therefore 5 L/min	
Adult		HEM/ONC		≥ Three *IS	Oxygen ≥ 28% and oximetry / ABG	via nasal cannula is equal to 40%.	
Adult		HEM/ONC		≥ Three *IS	Surgical debridement / Wound I&D	Wound I&D is referring to a bedside procedure.	
Adult	Acute	HEM/ONC	*IS	≥ Three *IS		Add: Proton pump inhibitor.	

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Adult	LOC	Subset	DS	Category	2009 InterQual® Criteria Point	Alabama Medicaid Agency - Local Medical Policy		
A -114	A4 -	I.D.	01	Cardiac /	Pulmonary infiltrate (pneumonia), ≥ One: Prior chronic illness /	Add Indude CORD dition		
Adult	Acute	ID	SI	Respiratory	comorbid condition Culture / Smear / Latex agglutination (+) for bacteria / fungi / protozoa,	Add: Include COPD as a comorbid condition.		
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Adult	Acute	ID	SI	General	≥ One: Systemic / Organ infection, actual / suspected, > One: ANC <	implantable devices meet this criterion.		
Adult	Acute	ID	SI	General	500/cu.mm	Change: ANC ≤ 1500/cu.mm.		
Addit	Acute	טו	OI	General	Systemic / Organ infection, actual / suspected, > One:	Change. ANC 2 1300/cu.mm.		
Adult	Acute	ID	SI	General	Immunocompromised host / Asplenic / Chronic ventilator patient	Add: Includes patients with active cancer or diabetes.		
Adult	Acute	ID	SI	General	T > 100.4°F PR and ANC < 500/cu.mm	Change: ANC ≤ 1500/cu.mm.		
Addit	Acute		Oi	Skin /	1 > 100.41 1 \ and \ Ano \ 300/cu.mm	Orlange. ANO 2 1000/cu.mm.		
Adult	Acute	ID	SI	Surgical	Cellulitis, ≥ One: ANC < 500/cu.mm	Change: ANC ≤ 1500/cu.mm.		
Adult	Acute	ID	IS	≥ One IS	Anti-infective(s), ≥ One:	Add: Hemodialysis patients do not require daily anti-infectives.		
Adult	Acute	ID	IS	≥ One IS	Anti-infective(s), ≥ One: ANC < 500/cu.mm	Change: ANC ≤ 1500/cu.mm.		
Adult	Acute	ID	IS	≥ One IS	IV fluids, Both : Findings, ≥ One: NPO ≤ 2d / Active vomiting	Add: Active diarrhea.		
						Change: IV fluid rate ≥ 75 mL/h if patient requires cautious rehydration		
Adult	Acute	ID	IS	≥ One IS	Hx CHF	due to comorbidity.		
	Acute	ID	IS	≥ One IS	IV fluids, Both : Rate, One : ≥ 125 <i>mL</i> / h	Change: IV fluid rate ≥ 100 mL/h.		
						Medicaid Agency recognizes each L/min of oxygen via nasal cannula will		
						increase the FiO2 by 4%. Therefore 5 L/min via nasal cannula is equal to		
Adult	Acute	ID	IS	≥ One IS	Oxygen ≥ 40% ≤ 2d	40%.		
						Zofran, Kytril, and/or Anzemet are drugs that may be used to meet this		
	Acute	ID		≥ Three *IS	Antiemetics, One: Serotonin antagonists q24h	criteria point.		
	Acute	ID		≥ Three *IS	Anti-infectives	Add: Hemodialysis patients do not require daily anti-infectives.		
Adult	Acute	ID	*IS	≥ Three *IS	Blood products / Volume expanders	Add: excludes KVO rate		
						Mucomyst and/or Xopenex administered may be counted towards this		
	Acute	ID		≥ Three *IS	Bronchodilators ≥ 3x/24h	criterion.		
Adult	Acute	ID	*IS	≥ Three *IS	Corticosteroids ≥ 3x/24h	Change: Corticosteroids-short acting ≥2x/24h, long acting ≥1x/24h		
						Dialysis for chronic renal failure or insufficiency is routinely an outpatient		
						service. However, for renal dialysis patients admitted with co-morbid		
عل الم ٥	A	ID	*10	> Three *IC	Dialysis / Htrafiltration	diagnoses, you may apply the dialysis criterion *IS daily when actually		
Adult	Acute	ID	*IS	≥ Three *IS	Dialysis / Ultrafiltration	performed 3 or more times per week. CPAP for Obstructive Sleep Apnea does NOT apply to NIPPV in this		
Adult	Acute	ID	*IS	≥ Three *IS	Mechanical ventilation / NIPPV and respiratory interventions 1-2x/24h			
Adult	Acute	טו	10	2 IIIIee 13	iviechanical ventuation / NIPPV and respiratory interventions 1-2x/24ii	Administration of 2L nasal cannula is sufficient to meet this criterion for		
						oxygen requirement of 28 percent. Note the other requirement is		
						oximetry, a minimal daily oximetry testing is required. Each L/min of		
						oxygen via nasal cannula will increase the FiO2 by 4%. Therefore 5 L/min		
Adult	Acute	ID	*IS	≥ Three *IS	Oxygen ≥ 28% and oximetry / ABG	via nasal cannula is equal to 40%.		
Adult	Acute	ID		≥ Three *IS	Surgical debridement / Wound I&D	Wound I&D is referring to a bedside procedure.		
Adult	Acute	ID	*IS	≥ Three *IS	2	Add: Proton pump inhibitor.		
			Ť			Patients with confirmed intra-abdominal abscess, not meeting criteria on		
				Home / OP,		day 3, may receive one grace day for the 3rd day of anti-infective		
Adult	Acute	ID	DS	both:	Clinical stability, Both: GI / GU / GYN, ≥ One: Abscess resolving	treatment.		
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Adult	LOC	Subset	DS	Category	2009 InterQual® Criteria Point	Alabama Medicaid Agency - Local Medical Policy
				High Risk		ů ,
Adult	Acute	OB-ANTE	SI	Obstetrics	Bleeding > 1 pad/h in 2nd / 3rd trimester	Bleeding resulting in decreasing H&H requiring monitor at least daily
				High Risk		Add: Preeclampsia- when either the systolic BP is greater than or equal
Adult	Acute	OB-ANTE	SI	Obstetrics	Preeclampsia (BP ≥ 140/90), ≥ Two:	to 140 OR the diastolic is greater than or equal to 90.
						Patients diagnosed, as incompetent cervix, who are between 20-37
				High Risk		weeks gestation, with current cervical change and require BR will
Adult	Acute	OB-ANTE	SI	Obstetrics	Preterm labor and gestation 20-37 completed wks, Both:	automatically meet this criterion.
				High Risk	Preterm labor and gestation 20-37 completed wks, Both:	
Adult		OB-ANTE		Obstetrics	Contractions ≤ q10 min for ≥ 30 sec for ≥ 1h	Change: Contractions of any frequency (delete ≤ q10 min).
Adult	Acute	OB-ANTE	IS	≥ One IS	Anti-infectives, ≥ One:	Add: Hemodialysis patients do not require daily anti-infectives.
						Arixtra may be used as LMWH ≤ 3d; Argatroban may be used as
Adult	Acute	OB-ANTE	IS	≥ One IS	DVT treatment, One: LMWH ≤ 3d , Unfractionated heparin ≤ 5d	unfractionated heparin ≤ 5d. Add: fragmin
						Change: IV fluid rate ≥ 100 mL/h, or ≥ 75 mL/h if patient requires
Adult	Acute	OB-ANTE	IS	≥ One IS	IV fluids \geq 125 mL/h , \geq One:	cautious rehydration due to comorbidity.
						Add: active diarrha; NPO is considered applicable when it is an active
						treatment / therapy within the patient's plan of care. This point cannot be
Adult		OB-ANTE		≥ One IS	IV fluids \geq 125 mL/h, \geq One: NPO \leq 2d / Active vomiting	applied when the patient is NPO for testing or procedures.
	Acute	OB-ANTE		≥ One IS	Preterm labor, ≥ One: Tocolytics (initial)	Add: Tocolytics are not required to be initial dose.
	Acute	OB-ANTE		≥ One IS		Add: GI suction / drainage.
	Acute	OB-ANTE		≥ Three *IS	Anti-infectives	Add: Hemodialysis patients do not require daily anti-infectives.
Adult	Acute	OB-ANTE	*IS	≥ Three *IS	Blood products / Volume expanders	Add: excludes KVO rate
						Mucomyst and/or Xopenex administered may be counted towards this
Adult		OB-ANTE		≥ Three *IS	Bronchodilators ≥ 3x/24h	criterion.
Adult	Acute	OB-ANTE	*IS	≥ Three *IS	Corticosteroids ≥ 3x/24h	Change: Corticosteroids-short acting ≥2x/24h, long acting ≥1x/24h
						Dialysis for chronic renal failure or insufficiency is routinely an outpatient
						service. However, for renal dialysis patients admitted with co-morbid
						diagnoses, you may apply the dialysis criterion *IS daily when actually
Adult	Acute	OB-ANTE	*IS	≥ Three *IS	Dialysis / Ultrafiltration	performed 3 or more times per week.
						Administration of 2L nasal cannula is sufficient to meet this criterion for
						oxygen requirement of 28 percent. Note the other requirement is
						oximetry, a minimal daily oximetry testing is required. Each L/min of
I		00 44175	*10			oxygen via nasal cannula will increase the FiO2 by 4%. Therefore 5 L/min
Adult		OB-ANTE		≥ Three *IS	Oxygen ≥ 28% <i>and</i> oximetry / ABG	via nasal cannula is equal to 40%.
		OB-ANTE		≥ Three *IS	Surgical debridement / Wound I&D	Wound I&D is referring to a bedside procedure.
Adult	Acute	OB-ANTE	*IS	≥ Three *IS		Add: Proton pump inhibitor.

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Adult	LOC	Subset	DS	Category	2009 InterQual® Criteria Point	Alabama Medicaid Agency - Local Medical Policy	
				Obstetrics / At			
				Term ≥ 38			
				Weeks /		Add: Including delivery outside the hospital within 24 hours of	
	Acute	OB/GYN/GU	SI	Induction		presentation.	
Adult	Acute	OB/GYN/GU	IS	≥ One IS	Anti-infectives, ≥ One:	Add: Hemodialysis patients do not require daily anti-infectives.	
						The initial course refers to initiation of dialysis in a patient who has never	
						received this service. This criterion could be either peritoneal dialysis	
						performed daily or Hemodialysis performed 3 times per week. Anti-	
						infective treatment while on the initial course of Hemodialysis might also	
Adult	Acute	OB/GYN/GU	IS	≥ One IS	Hemodialysis / Peritoneal dialysis (initial course) ≤ 7d	be QOD instead of daily.	
						Add Active diarrha; NPO is considered applicable when it is an active	
						treatment / therapy within the patient's plan of care. This point cannot be	
Adult	Acute	OB/GYN/GU	IS	≥ One IS	IV fluids, Both : Findings, ≥ One: NPO ≤ 2d / Active vomiting	applied when the patient is NPO for testing or procedures.	
					IV fluids, Both : Rate, One: ≥ 100 <i>mL</i> / h <i>and</i> age ≥ 65 / renal failure /	Change: IV fluid rate ≥ 75 mL/h if patient requires cautious rehydration	
	Acute	OB/GYN/GU		≥ One IS	Hx CHF	due to comorbidity.	
Adult	Acute	OB/GYN/GU	IS	≥ One IS	IV fluids, Both : Rate, One: ≥ 125 <i>mL</i> / h	Change: IV fluid rate ≥ 100 mL/h.	
						Add: Including delivery outside the hospital within 24 hours of	
Adult	Acute	OB/GYN/GU	IS	≥ One IS	Post C-section care ≤ 4d / Post NSVD ≤ 2d	presentation.	
Adult	Acute	OB/GYN/GU	IS	≥ One IS	Volume expanders <i>and</i> systolic BP < 100	Add: excludes KVO rate	
Adult	Acute	OB/GYN/GU	*IS	≥ Three *IS	Anti-infectives	Add: Hemodialysis patients do not require daily anti-infectives.	
						Zofran, Kytril, and/or Anzemet are drugs that may be used to meet this	
Adult	Acute	OB/GYN/GU	*IS	≥ Three *IS	Antiemetics, One: Serotonin antagonists q24h	criteria point.	
Adult	Acute	OB/GYN/GU	*IS	≥ Three *IS	Blood products / Volume expanders	Add: excludes KVO rate	
					·	Mucomyst and/or Xopenex administered may be counted towards this	
Adult	Acute	OB/GYN/GU	*IS	≥ Three *IS	Bronchodilators ≥ 3x/24h	criterion.	
	Acute	OB/GYN/GU		≥ Three *IS	Corticosteroids ≥ 3x/24h	Change: Corticosteroids-short acting ≥2x/24h, long acting ≥1x/24h	
						Dialysis for chronic renal failure or insufficiency is routinely an outpatient	
						service. However, for renal dialysis patients admitted with co-morbid	
						diagnoses, you may apply the dialysis criterion *IS daily when actually	
Adult	Acute	OB/GYN/GU	*IS	≥ Three *IS	Dialysis / Ultrafiltration	performed 3 or more times per week.	
					,	CPAP for Obstructive Sleep Apnea does NOT apply to NIPPV in this	
Adult	Acute	OB/GYN/GU	*IS	≥ Three *IS	Mechanical ventilation / NIPPV and respiratory interventions 1-2x/24h		
					, , , , , , , , , , , , , , , , , , , ,	Administration of 2L nasal cannula is sufficient to meet this criterion for	
						oxygen requirement of 28 percent. Note the other requirement is	
						oximetry, a minimal daily oximetry testing is required. Each L/min of	
						oxygen via nasal cannula will increase the FiO2 by 4%. Therefore 5 L/min	
Adult	Acute	OB/GYN/GU	*IS	≥ Three *IS	Oxygen ≥ 28% and oximetry / ABG	via nasal cannula is equal to 40%.	
Adult	Acute	OB/GYN/GU		≥ Three *IS	Surgical debridement / Wound I&D	Wound I&D is referring to a bedside procedure.	
Adult	Acute	OB/GYN/GU		≥ Three *IS		Add: Proton pump inhibitor.	
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Alabama Medicaid Agency to modify provider manual to reflect this organizational policy.

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Adult	LOC	Subset	DS	Category	2009 InterQual® Criteria Point	Alabama Medicaid Agency - Local Medical Policy
				Clinical		SI - Use Failed outpatient treatment of any below subpoint in place of
Adult	Acute	RSP	SI	Findings	Asthma / Wheezing, Both: PEF 40-69% after, ≥ One:	PEF criteria point.
				Clinical		
Adult	Acute	RSP	SI	Findings	Dyspnea and hemodynamic stability, ≥ One :	Do not limit application of this criteria point due to systolic BP.
				Clinical		
Adult	Acute	RSP	SI	Findings	T > 100.4°F PR and ANC < 500/cu.mm	Change: ANC ≤ 1500/cu.mm.
				Imaging		Add: CHF is present on imaging if positive for cardiomegaly / fluid in or
Adult	Acute	RSP	SI	Findings	Pulmonary edema / Heart failure	around the heart / lung area and the patient has SOB or dyspnea.
				Laboratory		Add: BNP ≥ 500 in the absence of chronic end stage heart failure, renal
Adult	Acute	RSP	SI	Findings		failure, or Nesitiride therapy within the past 48 hours.
Adult	Acute	RSP	IS	≥ One IS	COPD, Both:	Add: COPD includes asthma, emphysema and chronic bronchitis.
						Mucomyst and/or Xopenex administered may be counted towards this
Adult	Acute	RSP	IS	≥ One IS	COPD, Both: Bronchodilators ≥ 6x/24h	criterion.
						Add: activie diarrhea; NPO is considered applicable when it is an active
						treatment / therapy within the patient's plan of care. This point cannot be
Adult	Acute	RSP	IS	≥ One IS	IV fluids, Both : Findings, ≥ One: NPO ≤ 2d / Active vomiting	applied when the patient is NPO for testing or procedures.
					IV fluids, Both : Rate, One : ≥ 100 <i>mL</i> / h <i>and</i> age ≥ 65 / renal failure /	Change: IV fluid rate ≥ 75 mL/h if patient requires cautious rehydration
Adult	Acute	RSP	IS	≥ One IS	Hx CHF	due to comorbidity.
Adult	Acute	RSP	IS	≥ One IS	IV fluids, Both: Rate, One: ≥ 125 mL/h	Change: IV fluid rate ≥ 100 mL/h.
						CPAP for Obstructive Sleep Apnea does NOT apply to NIPPV in this
Adult	Acute	RSP	IS	≥ One IS	Mechanical ventilation / NIPPV, ≥ One:	criteria point.
						Medicaid Agency recognizes each L/min of oxygen via nasal cannula will
						increase the FiO2 by 4%. Therefore 5 L/min via nasal cannula is equal to
Adult	Acute	RSP	IS	≥ One IS	Oxygen ≥ 40 % ≤ 2d	40%.
Adult	Acute	RSP	IS	≥ One IS	PEF 40-69%, Both:	IS - Use Failed outpatient treatment in place of PEF.
						Mucomyst and/or Xopenex administered may be counted towards this
Adult	Acute	RSP	IS	≥ One IS	PEF 40-69%, Both: Bronchodilators ≥ 6x/24h	criterion.
					Pulmonary embolus treatment, One: LMWH ≤ 3d, Unfractionated	Arixtra may be used as LMWH ≤ 3d; Argatroban may be used as
Adult	Acute	RSP	IS	≥ One IS	heparin ≤ 5d	unfractionated heparin ≤ 5d. Add: Fragmin
Adult	Acute	RSP	IS	≥ One IS	Volume expanders <i>and</i> systolic BP < 100	Add: excludes KVO rate
						Zofran, Kytril, and/or Anzemet are drugs that may be used to meet this
Adult	Acute	RSP		≥ Three *IS	Antiemetics, One: Serotonin antagonists q24h	criteria point.
Adult	Acute	RSP	*IS	≥ Three *IS	Anti-infectives	Add: Hemodialysis patients do not require daily anti-infectives.
Adult	Acute	RSP		≥ Three *IS	Blood products / Volume expanders	Add: excludes KVO rate
						Mucomyst and/or Xopenex administered may be counted towards this
Adult	Acute	RSP	*IS	≥ Three *IS	Bronchodilators ≥ 3x/24h	criterion.
Adult	Acute	RSP		≥ Three *IS	Corticosteroids ≥ 3x/24h	Change: Corticosteroids-short acting ≥2x/24h, long acting ≥1x/24h
						Dialysis for chronic renal failure or insufficiency is routinely an outpatient
				1		service. However, for renal dialysis patients admitted with co-morbid
						diagnoses, you may apply the dialysis criterion *IS daily when actually
Adult	Acute	RSP	*IS	≥ Three *IS	Dialysis / Ultrafiltration	performed 3 or more times per week.
						CPAP for Obstructive Sleep Apnea does NOT apply to NIPPV in this
Adult	Acute	RSP	*IS	≥ Three *IS	Mechanical ventilation / NIPPV and respiratory interventions 1-2x/24h	
					The state of the s	

						Administration of 2L nasal cannula is sufficient to meet this criterion for
						oxygen requirement of 28 percent. Note the other requirement is
						oximetry, a minimal daily oximetry testing is required. Each L/min of
						oxygen via nasal cannula will increase the FiO2 by 4%. Therefore 5 L/min
Adult	Acute	RSP	*IS	≥ Three *IS	Oxygen ≥ 28% and oximetry / ABG	via nasal cannula is equal to 40%.
Adult	Acute	RSP	*IS	≥ Three *IS	Surgical debridement / Wound I&D	Wound I&D is referring to a bedside procedure.
Adult	Acute	RSP	*IS	≥ Three *IS		Add: Proton pump inhibitor.

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Adult	LOC	Subset	DS		2009 InterQual® Criteria Point	Alabama Medicaid Agency - Local Medical Policy
A -114	A	SKIN	01	Clinical	T 400 405 DD / ANO 500/	Ohamara T > 400 405 DD and ANO < 4500/au anna
Adult	Acute	SKIIN	SI	Findings	T > 100.4°F PR and ANC < 500/cu.mm	Change: T≥ 100.4°F PR and ANC ≤ 1500/cu.mm.
						Add: active diarrhea; NPO is considered applicable when it is an active
	١	OLCINI		. 0 10		treatment / therapy within the patient's plan of care. This point cannot be
Adult	Acute	SKIN	IS	≥ One IS	IV fluids, Both : Findings, ≥ One : NPO ≤ 2d / Active vomiting	applied when the patient is NPO for testing or procedures.
		OLCINI		. 0 10		Change: IV fluid rate ≥ 75 mL/h if patient requires cautious rehydration
Adult		SKIN	_	≥ One IS		due to comorbidity.
Adult	Acute	SKIN	IS	≥ One IS	IV fluids, Both : Rate, One : ≥ 125 <i>mL</i> / h	Change: IV fluid rate ≥ 100 mL/h.
						Zofran, Kytril, and/or Anzemet are drugs that may be used to meet this
Adult		SKIN		≥ Three *IS		criteria point.
	Acute	SKIN		≥ Three *IS	Anti-infectives	Add: Hemodialysis patients do not require daily anti-infectives.
Adult	Acute	SKIN	*IS	≥ Three *IS	Blood products / Volume expanders	Add: excludes KVO rate
						Mucomyst and/or Xopenex administered may be counted towards this
Adult		SKIN		≥ Three *IS		criterion.
Adult	Acute	SKIN	*IS	≥ Three *IS	Corticosteroids ≥ 3x/24h	Change: Corticosteroids-short acting ≥2x/24h, long acting ≥1x/24h
						Dialysis for chronic renal failure or insufficiency is routinely an outpatient
						service. However, for renal dialysis patients admitted with co-morbid
						diagnoses, you may apply the dialysis criterion *IS daily when actually
Adult	Acute	SKIN	*IS	≥ Three *IS	Dialysis / Ultrafiltration	performed 3 or more times per week.
						CPAP for Obstructive Sleep Apnea does NOT apply to NIPPV in this
Adult	Acute	SKIN	*IS	≥ Three *IS	Mechanical ventilation / NIPPV and respiratory interventions 1-2x/24h	criteria point.
						Administration of 2L nasal cannula is sufficient to meet this criterion for
						oxygen requirement of 28 percent. Note the other requirement is
						oximetry, a minimal daily oximetry testing is required. Each L/min of
						oxygen via nasal cannula will increase the FiO2 by 4%. Therefore 5 L/min
Adult	Acute	SKIN	*IS	≥ Three *IS	Oxygen ≥ 28% and oximetry / ABG	via nasal cannula is equal to 40%.
Adult	Acute	SKIN	*IS	≥ Three *IS	Surgical debridement / Wound I&D	Wound I&D is referring to a bedside procedure.
Adult	Acute	SKIN	*IS	≥ Three *IS		Add: Proton pump inhibitor.

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Adult	LOC	Subset	DS		2009 InterQual® Criteria Point	Alabama Medicaid Agency - Local Medical Policy
				Clinical		
Adult	Acute	SRG/TR	SI	Findings	Abscess requiring I&D and parenteral anti-infectives	I&D in this criterion is referring to a surgical I&D and not a bedside I&D.
						PREADMIT: One preoperative day may be applied for: Patients who
						require conversion from oral anticoagulants to intravenous
						anticoagulants; this may include patients with artificial heart valves.
						Patients undergoing kidney transplant. Patients undergoing Denver
						shunt placement or TIPS procedure. Patients with renal insufficiency
						admitted for continuous IV hydration the day before a procedure involving
				Clinical	Elective surgery / invasive procudure, ≥ One: Designated inpatient	contrast or IV dye. Patients undergoing cystectomy with continent
Adult	Acute	SRG/TR	SI	Findings	setting and performed same day as admission	diversion using section of intestine to construct neobladder.
				Clinical	Post ambulatory surgery / procedure complication unresolved ≥ 24h	
Adult	Acute	SRG/TR	SI	Findings	Observation	sickle cell & cystic fibrosis
, taut	7.0010	0.10/	<u> </u>	Clinical		Add: Hemodynamic stability is not required to assess the necessity of
Adult	Acute	SRG/TR	SI	Findings	Trauma and hemodynamic stability (systolic BP > 100), ≥ One:	inpatient treatment, but is required to assess discharge indicators.
	Acute	SRG/TR	IS	≥ One IS	Anti-infective(s), ≥ One:	Add: Hemodialysis patients do not require daily anti-infectives.
Adult	Acute	SRG/TR	IS	≥ One IS	Anti-infective(s), ≥ One: ANC < 500/cu.mm	Change: ANC ≤ 1500/cu.mm.
/ tout	ricuto	ORO/TIX	10	2 0110 10	7414 micotive(5), = One: 7446 < 000/04.mm	Add: active diarrhea; NPO is considered applicable when it is an active
						treatment / therapy within the patient's plan of care. This point cannot be
Adult	Acute	SRG/TR	IS	≥ One IS	IV fluids, Both : Findings, ≥ One: NPO ≤ 2d / Active vomiting	applied when the patient is NPO for testing or procedures.
Addit	Acute	SKG/TK	13	2 Offe 13		Change: IV fluid rate ≥ 75 mL/h if patient requires cautious rehydration
على الم ٨	A	SRG/TR	IS	≥ One IS	Hx CHF	due to comorbidity.
Adult Adult	Acute	SRG/TR	IS	≥ One IS	IV fluids, Both : Rate, One: ≥ 125 <i>mL/</i> h	Change: IV fluid rate ≥ 100 mL/h.
Adult	Acute	SKG/TK	10	2 One 13	IV Hulds, Both. Rate, One: 2 125 IIIL/II	Each L/min of oxygen via nasal cannula will increase the FiO2 by 4%.
A -114	A4-	ODO/TD		> 0 10	O	
	Acute	SRG/TR	IS	≥ One IS	Oxygen ≥ 40% ≤ 2d	Therefore 5 L/min via nasal cannula is equal to 40%.
Adult	Acute	SRG/TR	IS	≥ One IS	Post surgical care, ≥ One: Routine review ≤ 2d	Add: Mastectomy,
		00070				Surgical I&D is considered a short stay review. Bedside I&D does not
Adult	Acute	SRG/TR	IS	≥ One IS	Post surgical care, ≥ One: Short stay review ≤ 24h	meet this criterion.
						This criteria point may be applied for trauma patients that meet SI in this
	Acute	SRG/TR		≥ One IS	Post trauma monitoring and surgery planned ≤ 24h	subset. Pending surgery is not required.
Adult	Acute	SRG/TR	IS	≥ One IS	Volume expanders <i>and</i> systolic BP < 100	Add: excludes KVO rate
						Zofran, Kytril, and/or Anzemet are drugs that may be used to meet this
	Acute	SRG/TR		≥ Three *IS	Antiemetics, One: Serotonin antagonists q24h	criteria point.
	Acute	SRG/TR		≥ Three *IS	Anti-infectives	Add: Hemodialysis patients do not require daily anti-infectives.
Adult	Acute	SRG/TR	*IS	≥ Three *IS	Blood products / Volume expanders	Add: excludes KVO rate
						Mucomyst and/or Xopenex administered may be counted towards this
Adult	Acute	SRG/TR	*IS	≥ Three *IS	Bronchodilators ≥ 3x/24h	criterion.
Adult	Acute	SRG/TR	*IS	≥ Three *IS	Corticosteroids ≥ 3x/24h	Change: Corticosteroids-short acting ≥2x/24h, long acting ≥1x/24h
						Dialysis for chronic renal failure or insufficiency is routinely an outpatient
						service. However, for renal dialysis patients admitted with co-morbid
						diagnoses, you may apply the dialysis criterion *IS daily when actually
Adult	Acute	SRG/TR	*IS	≥ Three *IS	Dialysis / Ultrafiltration	performed 3 or more times per week.
						CPAP for Obstructive Sleep Apnea does NOT apply to NIPPV in this
A -114	Acute	SRG/TR	*IS	≥ Three *IS	Mechanical ventilation / NIPPV and respiratory interventions 1-2x/24h	

						Administration of 2L nasal cannula is sufficient to meet this criterion for	
						oxygen requirement of 28 percent. Note the other requirement is	
						oximetry, a minimal daily oximetry testing is required. Each L/min of	
						oxygen via nasal cannula will increase the FiO2 by 4%. Therefore 5 L/min	
Adult	Acute	SRG/TR	*IS	≥ Three *IS	Oxygen ≥ 28% and oximetry / ABG	via nasal cannula is equal to 40%.	
Adult	Acute	SRG/TR	*IS	≥ Three *IS	Surgical debridement / Wound I&D	Wound I&D is referring to a bedside procedure.	
Adult	Acute	SRG/TR	*IS	≥ Three *IS		Add: Proton pump inhibitor.	
					Clinical stability, ≥ One : Surgical complications resolved, ≥ One : Na	You may apply consecutive grace days for Na less than or equal to 120	
Adult	Acute	SRG/TR	DS	Home / OP	130-148 <i>mEq/L</i>	until the Na is above 120. Then you must refer to PCR.	
						You may apply one grace day for a total hip or knee patient who is unable	
				Home / OP or	Level of care appropriateness, All: Home environment safe and	to ambulate safe home distance of 40 feet/return to baseline or safely	
Adult	Acute	SRG/TR	DS	Home Care	accessible	climb stairs (if applicable to their home setting) on post op day 4.	
						If patient has + bowel sounds and is tolerating po diet prior to 8pm, a	
						grace day should not be given.	
				Home / OP,	Clinical stability, ≥ One: Post Surgery, All: Passing flatus / stool and	One grace day may be given to colon surgery patients who have not	
Adult	Acute	SRG/TR	DS	Home Care	urine	passed stool.	
				Home / OP,		One grace day may be given to colon surgery patients who have not	
Adult	Acute	SRG/TR	DS	Home Care	Clinical stability, ≥ One: Post Surgery, All: PO fluids / diet tolerated	tolerated a soft diet.	

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			or			
Adult	LOC	Subset	DS	Category	2009 InterQual® Criteria Point	Alabama Medicaid Agency - Local Medical Policy
Adult	Acute	TRNSPLT	IS	≥ One IS	Anti-infectives, ≥ One:	Add: Hemodialysis patients do not require daily anti-infectives.
						Add: active diarrhea; NPO is considered applicable when it is an active
						treatment / therapy within the patient's plan of care. This point cannot be
Adult	Acute	TRNSPLT	IS	≥ One IS	IV fluids, Both : Findings, ≥ One: NPO ≤ 2d / Active vomiting	applied when the patient is NPO for testing or procedures.
					IV fluids, Both: Rate, One: ≥ 100 mL/h and age ≥ 65 / renal failure /	
Adult	Acute	TRNSPLT		≥ One IS	Hx CHF	Change: IV fluid rate ≥ 75 mL/h
Adult	Acute	TRNSPLT	IS	≥ One IS	IV fluids, Both : Rate, One : ≥ 125 <i>mL/</i> h	Change: IV fluid rate ≥ 100 mL/h.
						CPAP for Obstructive Sleep Apnea does NOT apply to NIPPV in this
Adult	Acute	TRNSPLT	IS	≥ One IS	Mechanical ventilation / NIPPV, ≥ One:	criteria point.
						Each L/min of oxygen via nasal cannula will increase the FiO2 by 4%.
Adult	Acute	TRNSPLT		≥ One IS	Oxygen ≥ 40 % ≤ 2d	Therefore 5 L/min via nasal cannula is equal to 40%.
Adult	Acute	TRNSPLT	IS	≥ One IS	Volume expanders <i>and</i> systolic BP < 100	Add: excludes KVO rate
						Zofran, Kytril, and/or Anzemet are drugs that may be used to meet this
	Acute	TRNSPLT		≥ Three *IS	Antiemetics, One: Serotonin antagonists q24h	criteria point.
	Acute	TRNSPLT		≥ Three *IS	Anti-infectives	Add: Hemodialysis patients do not require daily anti-infectives.
Adult	Acute	TRNSPLT	*IS	≥ Three *IS	Blood products / Volume expanders	Add: excludes KVO rate
						Mucomyst and/or Xopenex administered may be counted towards this
	Acute	TRNSPLT	_	≥ Three *IS	Bronchodilators ≥ 3x/24h	criterion.
Adult	Acute	TRNSPLT	*IS	≥ Three *IS	Corticosteroids ≥ 3x/24h	Change: Corticosteroids-short acting ≥2x/24h, long acting ≥1x/24h
						Dialysis for chronic renal failure or insufficiency is routinely an outpatient
						service. However, for renal dialysis patients admitted with co-morbid
						diagnoses, you may apply the dialysis criterion *IS daily when actually
Adult	Acute	TRNSPLT	*IS	≥ Three *IS	Dialysis / Ultrafiltration	performed 3 or more times per week.
						CPAP for Obstructive Sleep Apnea does NOT apply to NIPPV in this
Adult	Acute	TRNSPLT	*IS	≥ Three *IS	Mechanical ventilation / NIPPV and respiratory interventions 1-2x/24h	
						Administration of 2L nasal cannula is sufficient to meet this criterion for
						oxygen requirement of 28 percent. Note the other requirement is
						oximetry, a minimal daily oximetry testing is required. Each L/min of
						oxygen via nasal cannula will increase the FiO2 by 4%. Therefore 5 L/min
	Acute	TRNSPLT		≥ Three *IS	Oxygen ≥ 28% and oximetry / ABG	via nasal cannula is equal to 40%.
	Acute	TRNSPLT		≥ Three *IS	Surgical debridement / Wound I&D	Wound I&D is referring to a bedside procedure.
Adult	Acute	TRNSPLT	*IS	≥ Three *IS		Add: Proton pump inhibitor.

Adult	LOC	Subset	SI/IS/*I S or DS	Category	2009 InterQual® Criteria Point	Alabama Medicaid Agency - Local Medical Policy
Adult		Open and Lap Cholecystectomy (100 & 300)	130 and 330		·	These criteria of Temp and WBCs are not required. Check either box in order to show criteria met.